STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155443	A. BUILDING 00 B. WING	01/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WATERS OF MUNCIE, THE	2400 CHATEAU DR MUNCIE, IN 47303

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00400161. Complaint IN00400161 - Substantiated. Federal/state deficiencies related to the allegations are cited at F600. Survey dates: January 27, 2023 Facility number: 000310 Provider number: 155443 AIM number: 100288970 Census Bed Type: SNF/NF: 58 Total: 58 Census Payor Type: Medicare: 10 Medicaid: 38 Other: 10 Total: 58 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed February 1, 2023.	F 0000	**Preparation and /or execution of this plan of correction in general, or this corrective action does constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and the specific corrective actions are prepared and / or executed in compliance with state and federal laws. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements.**	
F 0600 SS=G Bldg. 00	483.12(a)(1) Free from Abuse and Neglect §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment,			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclo days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; Based on interview and record review, the facility failed to prevent the alleged sexual assault of a resident with severe cognitive impairment (Resident B) by another resident (Resident C), which resulted in Resident B being sent to the hospital for a sexual assault evaluation. Using the reasonable person concept, it is likely this would lead to chronic or recurrent fear and anxiety. Findings include: The clinical record of Resident B was reviewed on 1/27/2023 at 10:00 a.m. Diagnoses included chronic obstructive pulmonary disease, dementia with behaviors, depressive disorder and high risk heterosexual behaviors. A 1/3/23, quarterly, Minimum Data Set (MDS) assessment indicated Resident B's cognitive state and mood was unable to be assessed due to rarely/never being understood. He rarely/never made decisions. He was dependent for ADLs and mobility. He did not walk. The clinical record for Resident C was reviewed on 1/27/2023 at 10:44 a.m. Diagnoses included Guillain-Barrer Syndrome and depressive disorder. A 12/28/22, quarterly, MDS assessment indicated Resident C was cognitively intact. He required	F 0600	**F600 It is the policy of this facility to protect our residents from physical, verbal, sexual, or corporal punishment.** **1. What correction action(s) will be Accomplished for those residents Found to be affected by the deficient practice:** Resident B returned to facility the same day of without any abnormal sexual findings. Resident B was immediately moved to another room. As of 02/11/23 resident B no longer resides at facility. Resident C no longer resides at facility. **2. How other residents have the potential To be affected by the same deficient Practice:** All residents have the potential to affected by this deficient	02/17/2023

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	supervision for mobility. Review of a facility reportable investigation, dated 1/25/23, indicated staff entered the room of Resident B and Resident C (they were roommates) to provide morning care for Resident B. Resident C was found in bed with Resident B, laying on top of him while holding a bottle of baby oil. Staff separated the residents and proceeded to provide morning care for Resident B. The police, families, doctors, and the Administrator were informed and Resident B was sent to the hospital with a police escort for evaluation and treatment. Review of a police report, dated 1/25/23, indicated the police were called to the facility. The police were informed that Resident B had severe dementia, nonverbal and unable move on his own power. The resident was transported to the hospital for a sexual assault exam. Review of the emergency department report, dated 1/25/23, indicated the resident was being examined, and a sexual assault kit collected, due to the resident having been found with another male resident in his bed. He had been found with baby oil on his buttocks. The facility had removed the resident's brief and clothing worn at the time of the assault, and it had been left at the facility in a bag, per the police report. During an interview, on 1/27/23 at 12:21 p.m., CNA (Certified Nursing Assistant) 1 indicated on the morning of 1/25/2023 she entered Resident B and Resident C's room. Resident B requires two persons for care. Upon entering the room, Resident C was found naked in the bed with Resident B. Resident B had on a shirt and incontinence briefs. When staff entered the room, Resident C rolled off the bed and attempted to		practice. Resident B had not shown any Psychosocial Distress and had been seen by the Physician and Psych Services. (Eventus) after the event. **3. What Measures will be put Into place and what systemic changes will be made to ensure that the deficient practice does not occur**. Staff will be educated on Inappropriate Behaviors / Psychosocial Distress including symptoms of fear and anxiety by DON / Executive Director. Staff in-service included, they will report any changes in behavior, any staff member that fails to report will be further educated and or progressively disciplined as indicated. Date in-service started: 02/08/23. Staff will observe residents and will inform management of any signs/ symptoms of psychosocial distress / Inappropriate behaviors. Administrator/DON/Designee will interview 5 interviewable residents with intact cognition 3 days weekly for 4 weeks for any concerns related to embarrassment or infringing on their personal privacy. After that, 5 interviewable residents will be	

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	cover himself. During an interview, on 1/27/2023 at 12:37 p.m., LPN 2 indicated she as working the morning of 1/25/2023 and heard a scream. She entered the room of Resident B and was informed of the situation. The Administrator and the police were called. LPN 2 later returned to the room to assess Resident B. During an interview, on 1/27/23 at 12:50 p.m., CNA 4 indicated she was on a one to one observation with Resident C once he left his room. CNA 4 indicated Resident C had become increasingly agitated and began verbalizing about his thwarted intent to have sex with Resident B. He was expressing suicidal ideation. Resident C was taken to the hospital for a psychiatric evaluation. During an interview, on 1/27/2023 at 12:57 p.m., CNA 5 indicated he and two other staff members entered Resident B's room to assist him to get up for the day. The resident required two persons for morning care. (Name of Resident C) was completely nude. He was on the mat next to the bed and kind of rolling and try to get up. He was trying to keep staff from seeing him. It looked like he had a bottle of baby oil in his hand. They instructed him to get to his side of the room. Resident B was found to have skin oil present to his buttocks when his brief was removed. They provided peri care, changed his brief, dressed the resident, and assisted him to his wheelchair before he was transferred to the hospital. Review of a current, undated, facility policy titled "Abuse Prevention Program", provided by the Administrator on 1/27/23 at 10:11 a.m. indicated the following: "Policy...It is the policy of this facility to prevent resident abuse, neglect,		interviewed weekly for the same information for a period of not less than 6 months to ensure ongoing compliance. After that, random interviews will continue on-going. Any concerns will be addressed if found. Weekly skin sweeps will continue for all residents, so those with a BIMS of 7 or less will be assessed for any suspicious findings that could suggest sexual abuse. Any concerns will be addressed immediately. This practice is on-going as a facility standard. Cognitively Impaired residents will be monitored 5x a week x 4 weeks, then 3 x a week x4 weeks, then weekly x 4 weeks and monthly x 3 months for signs of distress. Any concerns with sexual behaviors Will be addressed to the resident physician and or facility psych services immediately. Those found to have history Of behavioral concerns/ Psychosocial distress will be Discussed with IDT team and will have care plan updated. If compliant with 6 months monitoring will cease. **How the corrective action(s) will be monitored to ensure the deficient practice will not reoccur, what quality assurance will be put into place:**	

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	mistreatment and misappropriation of resident property. Each resident receives care and services in a person-centered environment in which all individuals are treated as human beings. The following Procedures shall be implemented when an employee or agent becomes aware of abuser or neglect of a resident or of an allegation of suspected abuse or neglect of a resident by a 3rd party. ...." This Federal tag relates to complaint IN00400161. 3.1-45(2)		Any change in residents' condition With psychosocial distress including Fear / Anxiety will be addressed with Residents' current physician / and or Psych Services immediately. 4. At the monthly QAPI meeting The monitoring of the DON / Designee will be reviewed. Any concerns / pattern identified will have been corrected as found. If found necessary an Action Plan will be written by the committee. Any action plan will be monitored by the Executive Director / Designee weekly until resolution. 5. DOC: 02/17/23 The facility respectfully request IDR on the citation of G Tag. Facility also would like to request a desk review.	